

**Pediatric Dentistry**  
John W. Bishop, D.D.S.\*  
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**Pediatric Dentistry of Central Florida**  
BISHOP • BERTOT

**Orthodontics**  
John R. Smith, D.D.S., M.S.D.

## STATEMENT OF UNDERSTANDING

Because your child is a minor, it is necessary that we have your specific consent for treatment. No treatment shall be rendered, other than examination procedures, before you are given an explanation, verbal or written, of care needed. All treatment will be rendered to the best of our ability and consistent with accepted procedures in the practice of pediatric dentistry.

We understand that "going to the dentist" can be an anxious event. Our goal is to minimize if not alleviate all anxiety and make coming to our office a fun experience for both patient and parent. Our practice philosophy and experience has shown better cooperation is received from the child without the parent being present in the treatment area. However, there are some children who cooperate better with the parent being present and their presence is requested and welcome. Together, we will always consider what option is best for your child.

**Children younger than three years of age are examined with the assistance of the parent in a consultation room. For parents with disabled children, our need for your assistance will be determined at the initial visit and will depend on your child's disability and cooperation level. Viewing of our operative area is welcome upon request.**

It is further understood that payment will be made on the date treatment is rendered. Credit is extended only through Visa, Master Card and Discover. Citi-Health Card and Care Credit is also available for treatment costs exceeding \$500. Any child in pain will be relieved, regardless of ability to pay, on an emergency basis.

Please review our **Office Financial Policy and Options** to select a method of payment that most benefits you. If you elect to have us electronically file insurance for you, bring your insurance information with you so that we may assist you in obtaining reimbursement from your insurance company.

If your child's dental treatment plan exceeds \$300.00, we can pre-authorize in advance with the insurance company with benefits assigned to the office. Parents will be responsible for the difference of what the insurance company does not pay. Once pre-authorization has been received, treatment needs to be completed within 60 days.

Your appointments are a reservation of space, equipment, our time, and the time of a number of auxiliary personnel. If unable to keep an appointment, 24 hour notice is customary and appreciated. Multiple missed appointments may result in dismissal from the practice.

Thank you for your attention to these matters so that we can provide better care for all our patients.

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